

Sanitized - Approved For Release CIA-RDP64-00360R000400060014-7

SERVICES OTHER THAN PERSONAL

Bu. Vou. No. 123

U. S. Cost Reimbursable
(Department, bureau, or establishment)

Voucher prepared at
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. 590

To
(Payee)

PAID BY

SAPC 2799
COPY 1 OF 3

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				3,196.	96

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from to Weight Government B/L No. Total 3,196. 96

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

STATINTL

(Sign original only)

Date 11-22-55 *Payee The Ramo-Wooldridge Corporation

Amount verified; correct for 3,196 96

(Signature or initials)

Contract No. Date Reg. No. Date Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

Approved for \$ 3,196.96

By SIGN ORIGINAL ONLY Title Authorized Certifying Officer

Title Contracting Officer STATINTL Date

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

APPROVED:

STATINTL

Approving Officer

Paid by { Check No. dated 19 for \$ on Treasurer of the United States in favor of payee named above.
Cash \$ on 19 Payee

(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

† If the ability to certify a bill is to be approved, the signature of the person approving must be written on the bill. If the bill is approved, the signature of the person approving must be written on the bill.

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Applicable Voucher for Purchases and
Services Other Than Personal

CONTINUATION SHEET

U. S. _____ Cost Reimbursable _____ Sheet No. 1 of Bureau Voucher No. 123
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		<u>PAYROLL SYSTEM IV</u> Direct Labor Costs properly chargeable to Contract A 101 for the period 11/7/55 through 11/13/55 Week ending 11/13/55 Overhead computed at interim rate Total Labor and Overhead					
							STATINTL [REDACTED] <u>3,196.96</u>